CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
The C/OH Instruction G	uide explains how to complete this form.		12		
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR FIRST	MI	OFFICE USE ONLY		
NAME	Marvin		Date Received		
	NICKNAME LAST	SUFFIX	= 0		
	Sutton		2 <		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	- 0		
OFFICEHOLDER MAILING	P. O. Box 182606 Arlington, Te	exas 76096	70		
ADDRESS			f: CS		
Change of Address			30		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
PHONE	(817) 602-0644		Date Hand delivered of Date Fostmarked		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
TREASURER NAME	Marvin		Date Processed		
	NICKNAME LAST	SUFFIX	Date Imaged		
	Sutton				
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY; STATE;	ZIP CODE		
ADDRESS	TUHU SVITACILEO COURT ATINATON LOVAC (600)				
(Residence or Business)					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	TREASURER (917) 602 0644				
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign		
			treasurer appointment (Officeholder Only)		
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	Month	Day Year		
	3 / 28 / 2017	THROUGH 4 /	26 / 2017		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Runoff Other Description			
	5 / 6 / 2017 🛛 🖾 General	Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)		
		Arlington City Coun	cil District 3		
		g.c., only cour	1 = 12.11.21.2		
	go то	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)
Ma	arvin Sutton		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITION OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WINDERS. THESE EXPENDITURES MAY HAVE BEEN MADE WINDERS. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
Additional Pages		COMMITTEE CAMPAIGN TREASURED ADDRESS	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,953.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 6.80
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,997.73
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$ 0.00
18 AFFIDAVIT			
No	KATHRYN ROBERSO tary Public, State of My Commission Exp October 23, 201	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is primation required to be reported by me
The state of the s			didate or Officeholder
AFFIX NOTARY STAMI	P/SEALABOVE		~ .
Sworn to and subscr	ribed before me, b	by the said Marvin Suton	, this the 27H
day of April	_, 20_17,	to certify which, witness my hand and seal of office.	
Yathun &	Hum	Kathryn Roberson	Notary
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Co			mmission Filers)
	Marvin	Sutton		
21		EE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	\times	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,923
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.		SCHEDULE E: LOANS		\$
5.	\times	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 2,810.68
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$ 180.25
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
Marvin Sı	utton				
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
4/6/2017	. Terry Aaron	City; State		100.00	
	6603 ljaz Dr.	Arlington	, Texas 76017		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
	Polly Walston			50.00	
4/7/2017	Contributor address;	City; State	e; Zip Code		
	2216 Green Gatte Dr.	Arlington,	Гехаѕ 76012		
Principal occup	tions)				
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
4/12/2017	Wyley Seals	City; State	e; Zip Code	2,000.00	
9131 Post Oaks Arlington, Texas 76002					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
4/12/2017	Jo Crouch Contributor address;		e; Zip Code	100.00	
	2221 Villanova	Arlington Te	xas 76018		
2221 Villanova Arlington, Texas 76018 Principal occupation / Job title (See Instructions) Employer (See Instructions)				tions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 2 FILER NAME Marvin Sutton 4 Date	Amount of contribution (\$) 100.00
Marvin Sutton 4 Date 5 Full name of contributor	7 Amount of contribution (\$) 250.00 Structions) Amount of contribution (\$) 100.00
4 Date 5 Full name of contributor	Amount of contribution (\$) 100.00
4/12/2017 Rev. William McKissic Sr 6 Contributor address; City; State; Zip Code 2409 Pleasant Circle Arlington, Texas 76015 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: 4/13/2017 Syed Hassan Contributor address; City; State; Zip Code 601 Engleside Dr. Arlington, Texas 760118 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2409 Pleasant Circle Arlington, Texas 76015 3 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: 4/13/2017 Syed Hassan Contributor address; City; State; Zip Code 601 Engleside Dr. Arlington, Texas 760118 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date	Amount of contribution (\$) 100.00
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 100.00
4/13/2017 Syed Hassan Contributor address; City; State; Zip Code 601 Engleside Dr. Arlington, Texas 760118 Principal occupation / Job title (See Instructions) Employer (See Instructions)	100.00
Contributor address; City; State; Zip Code 601 Engleside Dr. Arlington, Texas 760118 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
Date Full name of contributor out-of-state PAC (ID#:	
) Amount of contribution (\$)
4/13/2017 David Cozad	100.00
Contributor address; City; State; Zip Code	
4104 Coronet Lane Arlington, Texas 76017	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4/13/2017 James Hawthrone Contributor address; City; State; Zip Code	75.00
6160 Sea Island Trail Arlington, Texas 76001	
Principal occupation / Job title (See Instructions) Employer (See Ins	structions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

 $If contributor \ is \ out-of-state \ PAC, please \ see \ instruction \ guide \ for \ additional \ reporting \ requirements.$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marvin Sutton 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ 4/13/2017 Cheryl Smith. 50.00 6 Contributor address; City; State; Zip Code 2822 Rochester Ct Grand Prairie, Texas 75052 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:__ Amount of contribution (\$) 4/13/2017 Jesse Gaines 50.00 Contributor address; City; State; Zip Code 2501 Glencrest Dr Fort Worth, Texas 76119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 4/13/2017 Emma Allen 25.00 Contributor address; City; State; Zip Code 4701 Foxfire Way Fort Worth, Texas 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 4/13/2017 Gwinda Burns 200.00 Contributor address; City; State; Zip Code P. O. Box 8704 Fort Worth, Texas 76124 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

4/14/2017 6 Principal occupation Date 4/14/2017 P	Full name of contributor Paula Boehme Contributor address; 2705 Park Place Court n / Job title (See Instructions) Full name of contributor	City; State	e; Zip Code gton, Texas 76016 9 Employer (See Instruct	3 Filer ID (Ethics Commission Filers)7 Amount of contribution (\$)20.00
4/14/2017 6 8 Principal occupation Date 4/14/2017 P	Paula Boehme Contributor address; 2705 Park Place Court n / Job title (See Instructions)	City; State	e; Zip Code gton, Texas 76016	20.00
Date 4/14/2017 P	Contributor address; 2705 Park Place Court n / Job title (See Instructions)	City; State	gton, Texas 76016	
Date 4/14/2017 P			9 Employer (See Instruct	:>
4/14/2017 P	Full name of contributor			ions)
		out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	atricia Gentry Contributor address;	City; State	e; Zíp Code	10.00
2	001 Glen Creek	Arlington,	Texas 76015	
Principal occupation	/ Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4/15/2017 Barbara Gair Contributor address; City; State; Zip Code			50.00	
	P. O. Box 765022	Dallas, T	Texas 75376	
Principal occupation	n / Job title (See Instructions)		Employer (See Instruct	lions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4/17/2017 Wendy Davis Contributor address; City; State; Zip Code		e; Zip Code	100.00	
111	Sandra Muraida Way, Ur	nit 10C Aus	stin, Texas 78703	
Principal occupation	n / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marvin Sutton 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Kyle Dubberke 4/22/2017 200.00 6 Contributor address; City; State; Zip Code 3703 LaSalle Dr. Arlington, Texas 76016 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 4/25/2017 Stephanie Hawthrone 100.00 Contributor address; City; State; Zip Code 6106 Sea Island Trail Arlington, Texas 76001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) John Lopez 50.00 4/8/2017 Contributor address; City; State; Zip Code 2603 Florence Street Grand Prairie, Texas 75052 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Espanse Advertising Espanse Advertising Espanse Advertising Espanse Advertising Espanse Advertising Espanse Contribution-borsation Natis by Condition-borsation Natis by Condition-borsation Natis by Condition-borsation Natis by The Instruction Guide explains how to complete this form. 1 lotal pages Schedule Fit: 2 2 Marvin Sutton 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 4/24/1017 Wachelle Williams 6 Amount (\$) 7 Payee address: City; State; Zip Code So15 Stagecoach Way Grand Prairie, Texas 75052 140.00 8 PURPOSE OF EXPENDITURE Q Candidate / Officeholder name Q Candidate / Officeholder name Office sought Office held Payee name 4/24/2017 Amount (\$) Payee name 4/24/2017 Category (See Categories Islad at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories Islad at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories Islad at the top of this schedule) Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office held Category (See Categories Islad at the top of this schedule) Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office sought Office sought Office sought Office sought Office sought Office held Office held Office held Office held Office sought Office held Office		EXPENDITURE CATEG	ORIES FOR BOX 8(a)			
Total pages Schedule Ft. 2 Filter NAME Marvin Sutton 1 Date 5 Payee name 4/24/1017 Wachelle Williams 5 Amount (\$) 7 Payee address: City: State: Zip Code 5015 Stagecoach Way Grand Prairie, Texas 75052 140.00 8 PURPOSE OF EXPENDITURE 1 Candidate / Officeholder name 1 Candidate / Officeholder name 1 Cares if Austin, TX, citicandate in Texas 75004 2 Cangelstown to benefit COH 1 Category (See Categories listed at the top of this schedule) 4 (24/2017 Wachelle Williams) 6 Amount (\$) Payee name 2 Category (See Categories listed at the top of this schedule) 4 (24/2017 Wachelle Collettian in benefit COH 2 Category (See Categories listed at the top of this schedule) 4 (24/2017 Wachelle Collettian in benefit COH 2 Category (See Categories listed at the top of this schedule) 4 (24/2017 Wachelle Collettian in benefit COH 4 (25/2017 Bankem Printing Amount (\$) Payee name 4 (25/2017 Bankem Printing Amount (\$) Payee address: City: State: Zip Code 2 (257 S. Collins Street Arlington, Texas 76014 Category (See Categories listed at the top of this schedule) Date 4 (25/2017 Bankem Printing Amount (\$) Payee address: City: State: Zip Code 2 (257 S. Collins Street Arlington, Texas 76014 Category (See Categories listed at the top of this schedule) Purpose Office held Category (See Categories listed at the top of this schedule) Date 4 (25/2017 Bankem Printing Amount (\$) Payee address: City: State: Zip Code 2 (257 S. Collins Street Arlington, Texas 76014 Category (See Categories listed at the top of this schedule) Purpose Office held Category (See Categories listed at the top of this schedule) Purpose Office held Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office held Category (See Categories listed at the top of this schedule) Office held Category (See Categories listed at the top of this schedule) Office held Category (See Categories listed at the top of this schedule) Office held Category (See Categories listed	Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel In District Travel Out Of District		
2	Gredit Card Payment	The Instruction Guide explains	s how to complete this form.			
4 Date 4/24/017 6 Amount (\$) 7 Payee address; City; State: Zip Code 5015 Stagecoach Way Grand Prairie, Texas 75052 140.00 8 PURPOSE OF EXPENDITURE 9 Complete QNLY if direct expenditure to benefit C/OH Date 4/24/2017 Amount (\$) Payee address: City: State; Zip Code Category (See Categories fisted at the top of this schedule) USPS Anount (\$) Candidate / Officeholder name Office sought Office held Disectification of the schedule of	1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
### Amount (\$)						
To Payee address: City: State: Zip Code	THE RESIDENCE OF THE PROPERTY					
Sol 5 Stagecoach Way Grand Prairie, Texas 75052						
140.00	6 Amount (\$)					
October Category (See Categories listed at the top of this schedule) Other Candidate / Office holder name Office sought Office held						
PURPOSE OF EXPENDITURE Other Campaign Mailer Design Office sought Office held Campaign Mailer Design Office held Office sought Office held Office held Office sought Office held Office held Office sought Office held Office held Office held Office sought Office held Office held Office sought Office held	140.00					
Complete ONLY if direct expenditure to benefit C/OH	8	(a) Category (See Categories listed at the top of this so				
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Date Payee name 4/24/2017 USPS Amount (\$) Payee address; City; State; Zip Code 300 E. South St Arlington, Texas 76004 PURPOSE OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Permit Imprint and Annual Bulk Mail Complete ONLY if direct expenditure to benefit C/OH Payee name Bankem Printing Amount (\$) Payee address; City; State; Zip Code 2357 S. Collins Street Arlington, Texas 76014 Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Category (See Categories listed at the top of this schedule) Printing Expense Category (See Categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name Office sought Office sought Office held Candidate / Officeholder name Office sought Office held Candidate / Officeholder name Office sought Office held	O Complete ONLY it dive-t	Candidate / Officeholder name				
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Amount (\$) 450.00 Payee address; City; State; Zip Code 300 E. South St Arlington, Texas 76004 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Al/25/2017 Bankem Printing Amount (\$) Payee address; City; State; Zip Code 2357 S. Collins Street Arlington, Texas 76014 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name Office sought Oescription Category (See Categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name Office sought Oescription Category (See Categories listed at the top of this schedule) Accepted the first payed outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Printing Expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held						
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	SAPORALIO TO DONOM O/OI	•				
	3	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marvin Sutton 4 Date 5 Payee name 4/26/2017 Office Depot 6 Amount (\$) 7 Payee address; City; State; Zip Code 73.42 4619 S. Cooper Arlington, Texas 76017 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Other OF Check if Austin, TX, officeholder living expense EXPENDITURE Ink Cartridge and printing paper Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4/26/2017 **USPS** Amount (\$) Payee address; City; State; Zip Code 300 E. South Arlington, Texas 76004 1,227.16 Category (See Categories listed at the top of this schedule) Description _ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Other OF Check if Austin, TX, officeholder living expense EXPENDITURE Postage for Campaign Mailers Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 4/13/2017 **Danielitas** Amount (\$) Payee address; City; State; Zip Code 140.10 100 East Pioneer Pkwy, Arlington, Texas 76010 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Food/Beverage Expense Fundraising Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Marvin Sutton 3 Filer ID (Ethics Commission Filer Marvin Sutton) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 3/29/2017 Home Depot 7 Amount (\$) 8 Payee name Home Depot 5 Date 5280 S. Hwy 360 Grand Prairie, Texas 75052 108.19 9 TYPE OF EXPENDITURE 10 Category (See Categories listed at the top of this schedule) Other Expense 11 Metal T-Post and cable tie set 11 Camplete ONLY if direct expenditure to benefit C/OH Amount (\$) Payee name Home Depot Amount (\$) Payee name Home Depot Amount (\$) Payee address: City: State: Zip Code 5280 S. Hw 380 Grand Prairie, Texas 75052 TYPE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Date Payee name Home Depot Amount (\$) Payee name Home Depot Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Office sought Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office sought Category (See Categories listed at the top of this schedule) Office sought Category (See Categories listed at the top of this schedule) Office sought Category (See Categories listed at the top of this schedule) Office sought Category (See Categories listed at the top of this schedule) Office sought Office held Candidate / Officeholder name Office sought Office held Office held	Contributions/Donations Made E Candidate/Officeholder/Politic		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
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Source Annual A	1 Total pages Schedule F4:	The state of the s		3 Filer ID (Ethics Commission Filers)
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